

ENERGIZE MISSOURI HOMES

MISSOURI DEPARTMENT OF NATURAL RESOURCES



MISSOURI
DEPARTMENT OF
NATURAL RESOURCES



HOMEOWNER UPGRADES with GEOTHERMAL

APPLICATION FORMS

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

STATE ENERGY PROGRAM

SUBMITTAL DEADLINE:

July 9, 2010

4:00 PM CDT

MISSOURI DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENERGY

1101 RIVERSIDE DRIVE

P.O. BOX 176

JEFFERSON CITY, MO 65102-0176

FORM A - APPLICATION COVER PAGE

Applicant Information

Applicant Name:

DUNS Number:

FEIN Number:

Mailing Address:

City:

Zip Code + 4:

Contact Name:

Title of Contact:

Email Address:

Telephone Number:

Fax Number:

<input type="text"/>	x	<input type="text" value="\$5,000"/>	=	\$ <input type="text"/>
Number of Program Participants		Incentive per Program Participant		Total Funding Requested*

**Maximum grant amount per Application is \$1,250,000.*

Project Information

Project Title:

Proposed Start Date:

Proposed Completion Date:

Brief Project Description:

Financial Information

	Amount (\$)	Percent (%)
Funding Requested	<input type="text"/>	<input type="text"/>
Funds Leveraged	<input type="text"/>	<input type="text"/>
Total Project Cost	<input type="text"/>	100%

Reserved for Missouri Department of Natural Resources Use

Date Received	Time Received	Proposal Number Assigned
<input type="text"/>	<input type="text"/>	<input type="text"/>

FORM A - APPLICATION COVER PAGE

Signature

I hereby certify that I am authorized to submit this application and that the information presented in this application is true and accurate. In addition, I agree to abide by all the terms and conditions described in the Missouri Department of Natural Resources *Energize Missouri Homes* – Homeowner Upgrades with Geothermal Program Guidelines, application forms, and all supporting documents.

NameSignatureDate

FORM B - PROJECT NARRATIVE

Project Narrative

Provide a description of the proposed project, including goals and objectives and a statement of work (required tasks and activities).

FORM B - PROJECT NARRATIVE

Project Benefits

Discuss the merits of the project per the evaluation criteria provided in the program guidelines. Identify expected project outcomes including number of properties receiving energy audits, tier I upgrades, tier II upgrades and installation of geothermal systems. Identify any additional benefits to the community, such as economic, environmental, etc.

Description of Proposed Region

Provide a description of the proposed region and the applicant's relationship to the homeowners in the proposed region. Identify any cities and counties included within the region. Applicants must include a map of the proposed region as an attachment to this form.

FORM B - PROJECT NARRATIVE

Marketing and Outreach Strategy

Provide a description of the applicant's proposed implementation strategy for completing the aggregator responsibilities. Identify targeted program participants; means for reaching program participants; means for engaging program participants; and provide any other relevant information for the marketing and outreach strategy. Answers are restricted to the space provided below.

FORM B - PROJECT NARRATIVE

Project Timeline

Provide a proposed timeline for project milestones or events: A milestone/event could be a percentage of project completion, ground breaking or any other marker determined by the applicant.

Date	Milestone

FORM C - AGGREGATOR BACKGROUND

Aggregator Background

Provide information on the applicant’s history, mission, number of employees, services and products offered.
Answers are restricted to the space provided below.

FORM C - AGGREGATOR BACKGROUND

Relevant Project Experience

Describe the applicant’s experience with similar programs including any experience with administering a rebate program. Answers are restricted to the space provided below.

FORM D - PROJECT BUDGET

Budget Summary

	(A)	(B)	(C) = (A) + (B)	(D)
Budget Item	Funding Requested (\$)	Funds Leveraged (\$)	Total Costs (\$)	Percentage (%)
Homeowner Incentives				
Outreach*				
Administrative Expenses**				
Other (please explain below)	N/A			
TOTAL				100%

*Requested funding for outreach may not exceed 2.5 percent of total funding requested

**Requested funding for administrative expenses may not exceed 5 percent of total funding requested

Other Budget Items:

Detailed Budget

Assigned Staff: List all assigned staff involved in the planning, marketing, outreach, technical assistance and grant reporting tasks for this project.

Title/Job Classification	Number of Hours	Billing Rate (\$/hr)	Funding Requested (\$)	Funds Leveraged (\$)	Total Costs (\$)
Total					

FORM D - PROJECT BUDGET

Funds Leveraged

List the sources of funding that will be leveraged for this project, including funding contributed by financial partners and other public funds. Identify the date when the funds were received by the applicant.

The applicant must provide letters from each financial partner or funding entity indicating the amount of their support and the project commencement date expected for their partnership. In the event of funding by private foundations or public sources, if such a letter is not yet available, indicate the anticipated source and provide supporting documents or guidelines for the anticipated source.

Source	Date of Award	Total Funds (\$)
Total		